

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 4 4

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 0
b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 14d and 14e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, pages 14d and 14e
(MS-98-25)

10. SUBJECT OF AMENDMENT:

Change in educational requirements for providers of rehabilitative treatment services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

December 24, 2001 12-22-01

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-31-01

18. DATE APPROVED:

MAR 13 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

05/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Rasmussen
Anderson
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 12-24-01

Date Received: 12-31-01

LIMITATIONS ON SERVICE

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT) (Cont.)

Rehabilitative Treatment Services (Cont.)

Employees or consultants of providers providing therapy and counseling, psychosocial evaluation services, or behavior management services for children in therapeutic foster care services must meet the following minimum requirements:

- ◆ Graduation from an accredited four-year college or university and the equivalent of three years of full-time experience in social work or experience in the delivery of human services in a public or private agency, or
- ◆ A bachelor's degree in social work from an accredited four-year college or university, or
- ◆ A bachelor's degree in a related human service field from an accredited four-year college or university and the equivalent of two years of full-time experience in social work or experience in the delivery of human service capacity in a public or private agency, or
- ◆ A master's degree in social work or related human service field from an accredited college or university, or
- ◆ Any equivalent combination of graduate education in the social or behavioral sciences from an accredited four-year college or university and qualifying experience, up to a maximum of 30 semester hours for one year of the required experience.

Employees or consultants of providers providing rehabilitative skill development services or care coordination services must meet the following minimum requirements:

- ◆ Graduation from an accredited four-year college or university with a bachelor's degree in social work or a related human service field, or
- ◆ Graduation from an accredited four-year college or university and the equivalent of one year of full-time experience in social work, or experience in the delivery of human services in a public or private agency, or

LIMITATIONS ON SERVICE

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT) (Cont.)

Rehabilitative Treatment Services (Cont.)

- ◆ Graduate education in social work or a related human service field from an accredited college or university may be substituted for the required experience on the basis of 30 semester hours for the one year of required experience, or
- ◆ Graduation with a two-year associate degree in a related human services field from an accredited community college, or
- ◆ A high school diploma or GED and the equivalent of one year of full-time experience in social work or experience in the delivery of human services in a public or private agency (this person shall receive direct supervision by a person who at a minimum meets the qualifications for providers of therapy and counseling services), or
- ◆ 60 college credit hours towards a degree in social work or related human service field from an accredited college or university may be substituted for one year of required experience when at least 12 of the 60 hours are in the field of social work or related human service field.

Employees or consultants of providers providing rehabilitation therapy and counseling, psychosocial evaluation services, behavior management services for children in therapeutic foster care, or skill development services who were employed by a rehabilitative treatment services provider previous to September 1, 1993, may be grandfathered if the employee or consultant meet criteria established by the Department.

Rehabilitative treatment services shall be authorized for no more than 180 days at a time. Services beyond 180 days require reauthorization. All rehabilitative treatment services require prior authorization from the review organization (a physician or a licensed professional of the healing arts), and must be identified in the individual treatment plan. Rehabilitative treatment services are not habilitative services and are limited to:

State Plan TN # MS-01-44Superseded TN # MS-98-25

Effective

Approved

MAY 01 2001MAR 13 2002